

**0447 SIMPLE LIGATION VERSUS ARTERIAL REVASCLARISATION OF FEMORAL PSEUDO ANEURYSMS IN INTRAVENOUS DRUG USERS; A SYSTEMATIC REVIEW**

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**Objective:** To compare the results of simple ligation and debridement to those of arterial revascularisation of femoral pseudo aneurysms in patients who use intravenous drugs for recreational purposes.

**Methods:** A review was undertaken of the English-language literature between 1980 and 2010 through Pubmed and Cochrane library. Prospective and retrospective studies describing the surgical management of infected femoral pseudoaneurysm in drug addicts were included. Endpoints included were amputation, death and graft infection. A meta-regression was performed to compare the difference in outcome between the two methods.

**Results:** Thirteen studies with a total of 249 cases were included. 158 (63%) patients had Ligation and Excision (Lig-Exc) alone whereas 91(37%) patients had revascularisation. The differences between methods are reported as value for Ligation minus value for Revascularisation. The risk difference between Lig-Exc and revascularisation for amputation, death and graft infection (95% CI) was 12.6% (-6.0%, 31.1%) P 0.18, 2.0% (-12.2%, 16.2%) P 0.78, -8.8% (27.2%, 9.4%) P 0.34 respectively. There was no statistically significant difference in outcome between the two methods for any of the three outcomes examined.

**Conclusions:** Both methods have similar outcome. However, Lig-Exc is easier and quicker to perform as the procedure is often carried out in emergency situations.

**0448 MOUNTAIN BIKE TRAUMA ATTENDING A RURAL EMERGENCY DEPARTMENT**

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**Aim:** Mountain-biking is increasing significantly in popularity worldwide. It occurs in remote regions, and so trauma resulting from this sport more commonly presents to rural emergency departments. We aim to report the range of injuries suffered from mountainbike accidents presenting to a rural hospital situated in close vicinity to an internationally renowned mountain bike centre.

**Method:** All patients presenting mountain biking injuries from 01/01/10-01/08/10 were included. A retrospective review of these cases was undertaken. Data was extracted from Emergency Department notes, Radiology reports and Operation notes.

**Results:** Of 119 patients, 70 (58.8%) were male, median age was 25 (9–60). Mechanism of injury showed 44 (37%) right sided falls, 37 left sided falls (31.1%) and 37 over the handlebars incidents (31.1%). 43 fractures (36.1%) occurred. 2 patients had intra-abdominal bleeding, one managed conservatively and one by open nephrectomy. 39 patients (36.4%) had injuries warranting further fracture clinic follow up. 5 (4.2%) patients required transfer to an orthopaedic centre for operative management.

**Conclusions:** Initial management of mountain bike injuries tends to occur in rural hospitals. Despite high frequency of fractures and other significant injuries, with consultant led care, this rural hospital has low transfer rates to tertiary centres resulting from this sport.

**0449 A QUALITATIVE STUDY OF THE PERCEIVED CONCERNS OF MEDICAL STUDENTS REGARDING HIGHER SURGICAL TRAINING**

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**Background:** Entry into higher surgical training is increasingly challenging. Exposure to advanced specialties varies between individuals. This study analyzes the concerns of medical students regarding future training, with the aim of making suitable recommendations.

**Methods:** Questionnaires were distributed during an Orthopaedic event organized by Scalpel and analyzed. The areas covered include concerns regarding concerns on surgical training and the importance of role models.

**Results:** 32 students completed the questionnaire. 25(78%) students were intent on pursuing Orthopedics. Concerns included: Lack of exposure to

specialty; Competition; Compatibility with family life; Reduction in training hours 16(50%) students had not met with a female Orthopaedic surgeon, and 24(75%) students agreed that it was necessary as females. 7(22%) students perceived gender to be a limiting factor in pursuing Orthopaedics. Benefits from this event included the opportunity to speak with consultants, hands-on workshops, specialty lectures and the presentation on CV-building. There were multiple requests for future similar events in other specialties.

**Conclusion:** Deciding on our surgical specialty as undergraduates is challenging owing to limited experience. This study highlights the need to inform future applicants from as early as university, through focused events. Surgical societies play an important role in facilitating these events.

**0454 REALITY VS. ASPIRATIONS; CURRENT SURGICAL CT TRAINING COMPARED TO THE JCST'S SMART GUIDELINES**

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**Aim:** To contrast Yorkshires' core surgical training provision with the JCST SMART guidelines published in response to concerns about the EWTD's impact on surgical training.

**Method:** Surgical CT1 and CT2 trainees were surveyed on a typical week per month, via emailed and directly distributed questionnaires.

**Results:** 92% of trainees had an AES, 73% had a learning agreement and 34% (range 25–38%) trainees attended  $\geq 2$  hours of teaching per week. In an average week 21% of trainees attended  $\geq 5$  consultant supervised sessions, 39% attended  $\geq 4$  and 24% did not attend any consultant supervised sessions; with 54% failing to attend any consultant clinics. 19% achieved the recommended 4 theatre sessions per week and 42% achieved at least 3 theatre sessions. 60% of trainees achieved at least 1 WPBA per week. 35% trainees reported working more than 48 hours per week, predominantly to obtain extra training opportunities or because of patient need.

**Conclusions:** Some individual trainees are meeting the JCST guidelines, to increase compliance with these guidelines rota organisers should focus on their provision of training clinics and theatre sessions. Small changes in training provision and motivation may increase WPBA, teaching attendance, AES & learning agreement guideline concordance.

**0457 BREAST RECONSTRUCTION FOR BREAST CANCER PATIENTS. AN AUDIT OF SERVICES IN A NON-SCREENING DISTRICT GENERAL HOSPITAL**

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**Introduction:** Cancer patients who require a mastectomy should have access to high quality information about breast reconstruction. We audited the advice given to breast cancer patients, their response to it and our change of practice.

**Methodology:** We determined the number of mastectomies and breast reconstruction procedures between 2004 and 2009. Our hospital database detailed the information given (e.g. clinic discussions on the various procedures, DVDs and group meetings), patient responses to it (i.e. accepted or declined), patient age, and whether advice was given pre- or post mastectomy.

**Results:** 271 female patients had a mastectomy. 65 patients had 103 primary reconstruction procedures. 60% of patients had documented evidence of breast reconstruction advice (>35% had documented clinic discussions and 28% attended groups meetings). Patients with no evidence of advice (40%) were older than patients who "received" advice ( $p < 0.0001$ ). 27% of patients who declined reconstruction, chose to have a mastectomy. From 2007, patients were more likely to be given information/advice before their mastectomy ( $p = 0.002$ ), and we noted a trend towards immediate reconstruction. Our complication rate was 7.7%.

**Conclusion:** Our breast cancer patients are carefully counselled, but discussions are not always.